

To: Hon. William H. Pauley

12/18/16

From: Joel Roundtree #3491305881

Re: 15-cv-8198 exhibits to be included

I apologize, I do not have copies and beg the court to supply copies of these and any prior exhibits to all concerned parties if possible.

- Respectfully Submitted -

Joel Roundtree

Joel Roundtree ©

RECEIVED  
SDNY PMO SE OFFICE  
2017 JAN -4 AM 10:48  
S.D. OF N.Y.

15-cv-8198  
\*Exhibit\*

To: Disability rights coordinator for inmates

11/21/15

From: Joel Roundtree #3491505881

RE: 3802A Reasonable Accommodation Request and  
complaint of Substandard Medical Care.

I have sent numerous Complaints for over 6 Months, to different agencies and departments in the D.O.C., and have received, ~~neither~~ reply nor result. I have a very hi-degree of pain from a large number of injuries received in a cab striking me 8/28/12. I broke several bones (tibia, shoulder, knee, elbow etc.), had a stroke, that left me with partial paralyses, and I died twice. Without surgery, I may never walk properly again, and the metal picnic tables, with tiny steel discs for seats, are making my injuries much worse, and are giving me more injuries.

For some reason, my pleas for a chair pass, a real back brace, and knee, elbow, and shoulder braces have been all but ignored. Also, the tiny metal bed, and the yoga mat, for a child, furnished as a mattress, is a joke. I am 6'3", and 330 lbs. and am often forced, to lay in this unsuitable bed, locked in a cell, numerous extra hours, due to the pain the picnic table seats cause me. The bed, is only slight better, and it appears D.O.C., will not allow extra mat. or supply a real mattress.

It appears, that the D.O.C. is actually interfering with medical care, displaying "medical indifference and forcing or colluding with "Corizon", in deliberate acts of malpractice. There is no excuse, for me to be forced to suffer needlessly, when at least some relief is within your power to provide. Please help me.

Respectfully Submitted (Joel Roundtree)

*Guil Ramallo*

*Not to be kept in the 21st  
of November 2015*

RUTH MARCANO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01MA508836  
Qualified in Nassau County  
My Commission Expires December 01, 2017

\* Exhibit  
15-CV-8198 \*

To: Whom it May Concern

3/20/16

From: Juel Roundtree #3491505881

RE: Illegal voiceprint participation forced under duress

Unfortunately, it appears the lies and deceptions at the hands of the D.O.C. never stop, the new phone system is just 1 of many.

On or around 3/1/16, the detainees were warned that GRVC would force them to participate in a Voiceprint Biometric for continued use of the phones here.

We were falsely told, there would no longer be a pin used for the phone, and the reason we had to do a voiceprint was to stop people from stealing pins and to keep people from being able to use your phone calls. None of this is true, anyone can still talk on your pin, the phone call does not cut off as claimed, and you must still use your Pin to make phone calls.

I suspect something more nefarious is afoot. I asked when it would start, I was given no start date until 3/17/16, when they said it would start 3/18/16, they lied to keep the date under wraps to surprise everyone.

I asked for paperwork, explaining to us who had access to our voiceprints, who authorized them forcing us to make them, and for what purpose would they be used, and how long they would save my voice print (my exclusive-intellectual property), and was lied to for weeks. I was told the law library had the info or security would bring it to me, or I would receive it through programs. These were all lies, and I have yet to receive any



information regarding these Voice prints.

I absolutely forbid the use of my voice prints, biometrix etc., for any Justice Dept. purposes including databases anywhere on earth, on the internet, in space or on any technology known now, or in future developed by man.

I give no agency or person permission to use my voice prints, biometrix, or likeness, name or other way to identify me for any purpose that would aid in a criminal investigation, compilation, or the like from now until eternity. I give no permission for such to be used on any database, or for any research, or information gathering whatsoever, and I will seek redress and consequences against anyone who does so. I will also hold all parties equally culpable for such a crime against me. *Jul Rountree* 3/27/16

I am requesting written information on why I was forced under duress to submit to a voiceprint and/or biometric scan.

I would like to know who authorized it, and any and all information about, who has access to it, who keeps it, and how long.

Sworn to before  
me this 22 day of March, 2016

*[Signature]*  
Notary Public

LAKENYA A. JOHNSON  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01106221713

Qualified in Kings County  
My Commission Expires 5/10/18

\* Exhibit  
15-CV-8198 \*

3/17/16

To: Whom it may concern

From: Juel Roundtree #3491505881

Re: Deliberate Medical Indifference / Discrimination  
against the Disabled

In January, 2015... on or around the 10<sup>th</sup>, housing area 7A was moved to 15b. The move had me 6 flights of stairs up and put me at a great disadvantage, since I cannot walk up or downstairs at all.

I spent over 2 months being precluded from going to medication, the law library, sick calls, and a host of other services. There is an elevator...however, corrections officers who don't even work in the housing area, or are in position to be affected by, or should even be concerned protested it being provided for me.

A Captain Smalls (female), even lied to me, claiming the clinic prohibited me from the elevator unless I chose to be strapped to a gurney. If I refused I would be denied my medication. However, I consented but it was never brought and for 3 days I was denied my medication (1<sup>st</sup> week of March 2016).

2

On 2/28/16, I was served rotten chicken for lunch, and got food poisoning. I reported it and was ignored, even though I was projectile vomiting from 3pm to 4am the next morning. No Captain was informed, no medical emergency team called... I was simply left to die, and languish in pain, vomiting, with diarrhea and blood in my stool.

On 2/29/16, at 10am, when I felt well enough to come out my cell, I requested for Officer Jackson to inform a Captain and then call the clinic for an emergency medical unit, and yet again I was ignored. At 1:30pm, a Capt. Rouse, and Capt. Villejo finally showed, and had heard nothing of my condition, nor were they told I needed to speak to them.

Capt. Rouse did nothing, and asked me for my I.D., and when I went to my cell to get it, an Officer Neal (female) denied me entrance to my cell.

After 10 minutes, the Captains left, and an officer Whitfield said he would get me to the clinic (get elevator key, or call for a medical emergency), this was at 1:45pm.

I got to the clinic at 7pm, only because I was called to the clinic by mental health. When I got to the clinic, my vitals were taken, and no examination pertaining

to my food poisoning was performed. No lab was taken, none ordered, nor was any medication ordered to aid my discomfort. I wasn't even given anything for pain, or upset stomach, and to this date I have received no follow-up. I am disabled already, and more care should be taken of my various difficulties, and ailments.

The Officers and Captains constantly accuse me of faking my condition. A very necessary accommodation I requested through the disability office was ignored, even though I have contacted them for over 8 months. I was fortunate a Dr. Rajan answered my request for chairs, because had he not I would now probably no longer be able to walk.

I have complained since June, 2015, how the bed, and the picnic table seats were injuring me, and ridiculed and ignored. Since I was not aided, I now have spinal damage, joint, and tendon damage, and may now need a hip replacement thanks to the deliberate indifference to my medical condition.

At the end of August 2015, a Depot.



4

me chairs to ease the damage being done to my body, and the corrections officers would steal them and hide them, simply to be malicious. They would switch them for different chairs that didn't serve the medical purpose, the chairs I was given did (They liked the design, as my chairs were easier to sleep in). Tried to give me broken chairs, and even worked behind Dep. Robert's back to have the chairs taken away from me, and cause her problems.

I was precluded from using the chairs until the work of Dep. Roberts and Dr. Rajan had them returned to me 4 months later. In that 4 months my condition has worsened by at least double, I am in much more pain and it appears that 4 months has done irreparable damage. Corrections officers have even convinced the medical staff not to give you things required to aid medical conditions, and the civilian staff and Dr. Charchever go out of their way to deprive patients of necessary items and medical passes for things like extra mattresses for spinal problems, or many other things patients are entitled to.

Security issues, so they can deny me. Even though the current deodorant I am allergic to it burns my skin. Currently I must use it, because even though it makes my skin peel and destroys my clothing, the nose wrinkles when I pass, the laughter and ridicule if I smell bad is too much to bear. Also other detainees want to ostracize, or fight you, if you smell bad.

My life has been reduced greatly by this "Cruel and unusual punishment", and extreme pain and suffering on a constant basis. Thanks to this interference in my treatment, I may never walk normally again, and will have difficulty surviving when I am freed. These are serious violations to my 8<sup>th</sup> Amendment rights.

I can't understand the motivation to interfere or stop people from being treated properly from a medicinal standpoint. It is not only immoral it's illegal and unethical.

Please address my concerns...

Respectfully Submitted

*G. Ramirez*

Sworn to before me  
this 17<sup>th</sup> day of March, 2014

*[Signature]*  
Notary Public

LAKENYA A. JOHNSON  
NOTARY PUBLIC-STATE OF NEW YORK

No. 01JO6221713

Qualified in Kings County

My Commission Expires 5/10/18

\* Exhibit 15-cv-8198 \*

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <b>Juel Roundtree</b>	Book & Case #: <b>349-150.5881</b>	NYSID # (optional): <b>06049698L</b>	
Facility: <b>GRVL</b>	Housing Area: <b>9B-28</b>	Date of Incident:	Date Submitted: <b>7/28/15</b>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is on-going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

There is a definitive ruling regarding how much time a detainee can spend in a cell in NYS. Not only is every lock out ~~early~~ and late, and the clocks tampered with to lock us in early. D.O.C. is instituting an illegal 9pm lock-in, in violation of stated policy, and I am continually subjected to this unjustified punishment since March 27, 2014.

Action Requested by Inmate

To be given my regular lock in at 11pm, locked out on time and given watches back & stop clock tampering. Also, to be compensated for these illegal activities & have C.O.'s caught punished.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No

Inmate's Signature:

*Juel Roundtree*

Date of Signature:

**7/28/15**

**For DOC Office Use Only**

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

The Inmate Grievance and Request Program (IGRP) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

A **grievance** is a written complaint submitted by an inmate in the Department's custody about an issue, action, condition, or practice relating to the inmate's confinement.

A **request** is a written individually expressed need for a service, assistance, or accommodation regarding any issue relating to the inmate's confinement.

- You may first seek to resolve the issue or condition by speaking to the involved staff or your housing officer.
- You always have the right to file a grievance or request.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance or request with this program.

## THE SUBMISSION AND APPEALS PROCESSES

### 1. SUBMISSION

Submit this form (Statement form) to the IGRP office, IGRP staff, or drop it in a grievance and request box.

### 2. INFORMAL RESOLUTION

You will receive a proposed resolution within five days after the IGRP receives the form. If you disagree with the proposed resolution, you will have five business days to appeal and request a formal hearing.

If your submission involves a request to exercise religious beliefs or practices not currently available and you seek to appeal, the Committee on Religious Accommodations will review your request.

### 3. FORMAL HEARING OF THE INMATE GRIEVANCE RESOLUTION COMMITTEE

The Inmate Grievance Resolution Committee (IGRC) will conduct a hearing and render a written disposition within five business days from your request for a hearing.

If you disagree with the IGRC's disposition, you will have five business days to appeal to the commanding officer.

### 4. COMMANDING OFFICER'S REVIEW

The IGRP staff will forward your appeal to the commanding officer within one business day of receiving it. Within five business days of receiving the appeal, the commanding officer will render a written disposition.

### 5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the commanding officer's disposition, you will have five business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within 15 business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.





City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

\* Exhibit 15-CV-8198 \*

Inmate's Name: <b>Juel Roundtree</b>	Book & Case #: <b>349150 5881</b>	NYSID # (optional):	
Facility: <b>GRVC</b>	Housing Area: <b>7B</b>	Date of Incident:	Date Submitted: <b>4/20/16</b>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

**Request or Grievance:**

Orthopedic Dr. at appt. on the week of 4/14/16, completely contradicted what numerous established and renowned doctors in several Major hospitals have diagnosed and prescribed pertaining to my care (knee braces, back brace, therapy methods and locations etc.), to save D.C. money, adversely affecting my medical care, thus precluding me from adequate care for my conditions. Told me just lose weight, all that staff won't help you.

**Action Requested by Inmate**

Receive the treatments, devices and/or surgery plus medications suggested by Bellevue hospital, have my medical records reflect the diagnosis, and not the illegal falsifying of records being utilized in collusion between Carizon and D.C.

Please read below and check the correct box:

- |   |                              |  |
|---|------------------------------|--|
| Do you agree to have your statement edited for clarification by IGRP staff? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Do you need the IGRP staff to write the grievance or request for you?       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have you filed this grievance or request with a court or other agency?      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Did you require the assistance of an interpreter?                           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Inmate's Signature: *Juel Roundtree*

Date of Signature: **4/20/16**

**For DOC Office Use Only**  
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



City of New York - Department of Correction

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\*Exhibit 15-CV-8198\*

1210610

To: Corizon Medical Chief Physician

11/21/15

From: Juel Roundtree #3491505881

RE: Substandard Care / D.O.C.'s Medical indifference and - interference.

I have been languishing here suffering, and was called to the clinic today for a blood pressure reading. I mistakenly thought, I was finally going to be treated for, at least 1 of my myriad medical problems I am currently experiencing. When I attempted to have "Officer Weekes" sign me up to be treated, the female with glasses, I assume was to handle the patients today, refused to see me, and said "go ahead, sign him up... he'll be here a long time waiting, long after I'm finish for the day, mind you it was, approx. 10:30<sup>AM</sup>.

There is a consistant problem, either getting to the clinic (No sick call is called), or the clinicians (except for the wound care area), seem not willing to work, and have 2 or 3 patients waiting up to 5 hours to be seen. When you are seen, they only want to address 2 issues or less. I have watched, them sit around an hour or more doing nothing, drinking coffee, having lively conversations, about a variety of non-work related topics, and lying to pretend they're busy.

I have 2 wisdom teeth cutting into my cheek, and have been waiting months for a dental follow-up, a growth on my foot, and variety of other problems being ignored, even though, I had made well over 20 complaints (3 today).

Please contact me, regarding these issues with a solution.

Respectfully Submitted Juel Roundtree

x *Carol R...*

*From before me this  
21<sup>st</sup> day of November 2015*

RUTH MARCANO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01MA5088836  
Qualified in Nassau County  
My Commission Expires December 01, 2017



\* Exhibit  
15-CV-8198 \*

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Joel Roundtree	Book & Case #: 349.150.5881	NYSID # (optional): 06049698L	
Facility: GRVC	Housing Area: 7B-7 cell	Date of Incident:	Date Submitted: 7/29/15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:  
The lunch bench style seating in the housing areas is causing me extreme pain, undue stress and severely complicating my healing process. I am severely injured, partially paralyzed and always in pain, since an accident where I was struck by a speeding vehicle. Everytime I sit on these hard metal discs, that my posterior can't even fit on, it causes me great stress on my back, posterior, my legs and knees, making it horrendous to stand up.

Action Requested by Inmate

Either make a special consideration for my disability and give me the armrest plastic chairs, at least 2 to sit on, so I don't have to sit so low and suffer, or move me to a bldg. where they still have chairs. I am tired of needlessly suffering.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

*Joel Roundtree*

Date of Signature:

7/29/15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below: 8/19/15 CSB	Grievance and Request Reference #: 1-85/15	Category: Medical
Inmate Grievance and Request Program Staff's Signature: CSB		



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #:  
Roundtree, Juel 349-15-05881 V-85/15

Date Filed:  
8/18/15

Facility:  
GRVC-7B

Title of Grievance or Request:  
Medical

Category:  
14

From IGRP Inmate Statement Form, print or type short description of request/grievance: The lunch bench style seating in the housing areas is causing me extreme pain, undue stress and severely complicating my healing process. I am severely injured, partially paralyzed and always in pain, since an accident where I was struck by a speeding vehicle. Every time I sit on these hard metal desks, that my posterior can't even fit on, it causes me great stress on my back, posterior, my legs, and knees... making it horrendous to stand up.

Action Requested by Inmate: Either make a special consideration for my disability and give me the armrest plastic chairs at least 2 to sit on, so I don't have to sit so low and suffer or move me to a building where they still have chairs. I am tired of needlessly suffering.

#### STEP 1: INFORMAL RESOLUTION

Check one box: ☒ Grievance ☐ Request ☐ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

IGRC informed the grievant that he would have to go to sick call get evaluated and have the doctor confirm that he is to receive special consideration with the appropriate paperwork, therefore, your action requested is modified.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☒ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

X [Signature]

CJS

8/19/15

Del Roundtree #349 1505881  
9-09 Hazen st.  
Elmhurst, NY 11370



RECEIVED  
SDNY PROSECUTIVE OFFICE

2017 JAN -4 11:10:35

S.D. OF N.Y.

U.S. Dist Ct/S.D.N.Y.  
(Prose intake)  
500 Pearl st  
Ny Ny 10007

U.S. DIST. CT.  
S.D.N.Y.